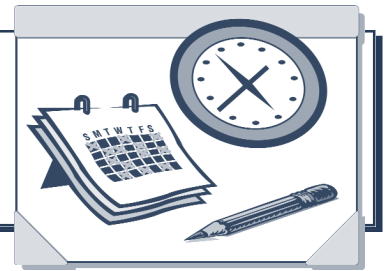


The Importance of Scheduling



Scheduling may be a difficult and boring task if you're not used to it. It is, however, an important part of the recovery process. People with substance use disorders do not schedule their time. Scheduling your time will help you achieve and maintain abstinence.

Why Is Scheduling Necessary?

If you began your recovery in a hospital, you would have the structure of the program and the building to help you stop using. As a person in outpatient treatment, you have to build that structure to help support you as you continue functioning in the world. Your schedule is your structure.

Do I Need To Write Down My Schedule?

Absolutely. Schedules that are in your head are too easily revised. If you write down your schedule while your rational brain is in control and then follow the schedule, you will be doing what you *think* you should be doing instead of what you *feel like* doing.

What if I Am Not an Organized Person?

Learn to be organized. Buy a schedule book and work with your counselor.

Thorough scheduling of your activities is very important to treating your substance use disorder. Remember, your rational brain plans the schedule. If you follow the schedule, you won't use. Your addicted brain wants to be out of control. If you go off the schedule, your addicted brain may be taking you back to using drugs or drinking.

Who Decides What I Schedule?

You do! You may consider suggestions made by your counselor or family members, but the final decision is yours. Just be sure you do what you wrote down. Follow your schedule; try not to make any changes.

Most people can schedule a 24-hour period and follow it. If you can, you are on your way to gaining control of your life. If you cannot, you may need to consider a higher level of care as a start.

Daily/Hourly Schedule

Date: _____

7:00 AM _____

How many hours will you sleep? _____

8:00 AM _____

From _____ To _____

9:00 AM _____



Notes: _____

10:00 AM _____

11:00 AM _____

12:00 PM _____

1:00 PM _____

2:00 PM _____

3:00 PM _____

4:00 PM _____



Reminders: _____

5:00 PM _____

6:00 PM _____

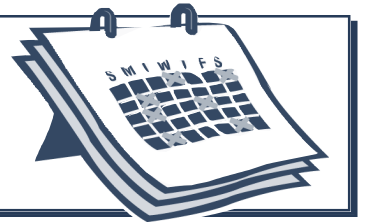
7:00 PM _____

8:00 PM _____

9:00 PM _____

10:00 PM _____

11:00 PM _____



It is useful for both you and your counselor to know where you are in the recovery process at all times. Marking a calendar as you go helps in several ways:

- It's a reminder of how far you've come in your recovery.
- A feeling of pride often results from seeing the number of days you have been abstinent.
- Recovery can seem very long unless you can measure your progress in short units of time.

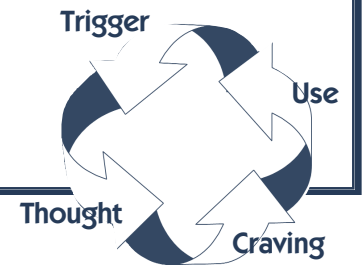
Make a mark to record on the calendar pages every day of abstinence you achieve. You may decide to continue the exercise following the program.

If you record your abstinent days regularly, this simple procedure will help you and your counselor see your progress.



Month:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY



Triggers are people, places, objects, feelings, and times that cause cravings. For example, if every Friday night someone cashes a paycheck, goes out with friends, and uses stimulants, the triggers might be

- Friday night
- After work
- Money
- Friends who use
- A bar or club

Your brain associates the triggers with substance use. As a result of constant triggering and using, one trigger can cause you to move toward substance use. The trigger–thought–craving–use cycle feels overwhelming.

Stopping the craving process is an important part of treatment. The best way to do that is to do the following:

1. Identify triggers.
2. Prevent exposure to triggers whenever possible (for example, do not handle large amounts of cash).
3. Cope with triggers differently than in the past (for example, schedule exercise and a 12-Step or mutual-help meeting for Friday nights).

Remember, triggers affect your brain and cause cravings even though you have decided to stop substance use. Your intentions to stop must translate into behavior changes, which keep you away from possible triggers.

What are some of the strongest triggers for you?

What particular triggers might be a problem in the near future?

The Losing Argument

If you decide to stop drinking or using but at some point end up moving toward using substances, your brain has given you permission by using a process called relapse justification. Thoughts about using start an argument inside your head—your rational self versus your substance-dependent self. You feel as though you are in a fight, and you must come up with many reasons to stay abstinent. Your mind is looking for an excuse to use again. You are looking for a relapse justification. The argument inside you is part of a series of events leading to substance use. How often in the past has your substance dependence lost this argument?

Thoughts Become Cravings

Craving does not always occur in a straightforward, easily recognized form. Often the thought of using passes through your head with little or no effect. But it's important to identify these thoughts and try to eliminate them. It takes effort to identify and stop a thought. However, allowing yourself to continue thinking about substance use is choosing to relapse. The further the thoughts are allowed to go, the more likely you are to relapse.

The “Automatic” Process

During addiction, triggers, thoughts, cravings, and use seem to run together. However, the usual sequence goes like this:

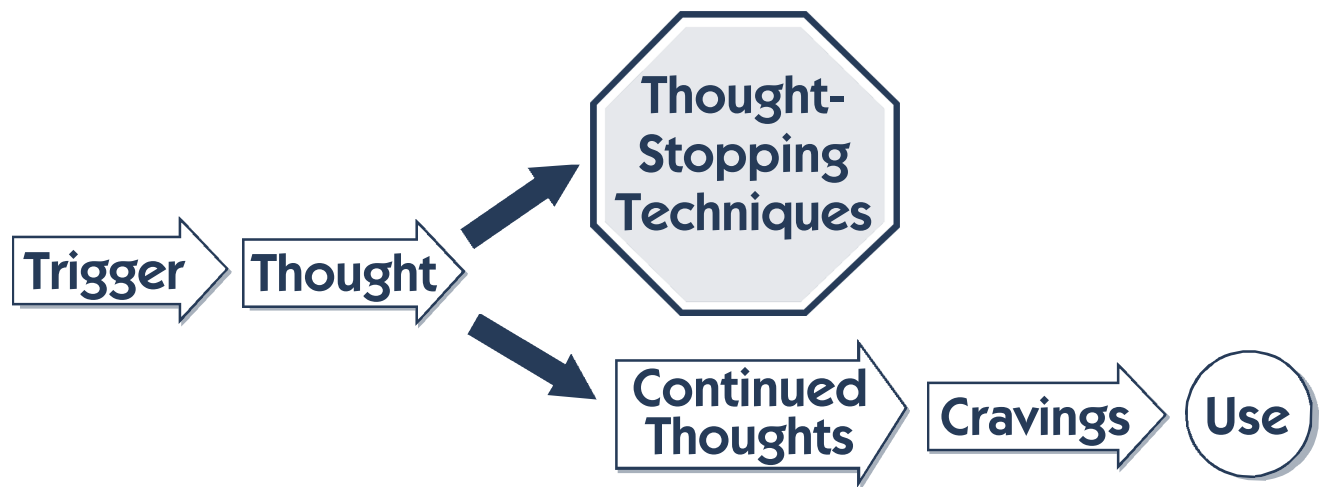
TRIGGER⇒ THOUGHT⇒ CRAVING⇒ USE

Thought Stopping

The only way to ensure that a thought won't lead to a relapse is to stop the thought before it leads to craving. Stopping the thought when it first begins prevents it from building into an overpowering craving. It is important to do it as soon as you realize you are thinking about using.

A New Sequence

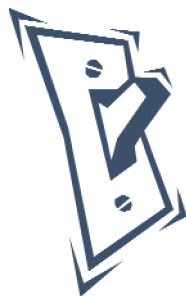
To start recovery, it is necessary to interrupt the trigger–thought–craving–use sequence. Thought stopping provides a tool for disrupting the process.



This process is not automatic. You make a choice either to continue thinking about using (and start on the path toward relapse) or to stop those thoughts.

Thought-Stopping Techniques

Try the techniques described below, and use those that work best for you:



Visualization. Imagine a scene in which you deny the power of thoughts of use. For example, picture a switch or a lever in your mind. Imagine yourself actually moving it from ON to OFF to stop the using thoughts. Have another picture ready to think about in place of those thoughts.



Snapping. Wear a rubber-band loosely on your wrist. Each time you become aware of thoughts of using, snap the rubberband and say, “No!” to the thoughts as you make yourself think about another subject. Have a subject ready that is meaningful and interesting to you.

Relaxation. Feelings of hollowness, heaviness, and cramping in the stomach are cravings. These often can be relieved by breathing in deeply (filling lungs with air) and breathing out slowly. Do this three times. You should be able to feel the tightness leaving your body. Repeat this whenever the feeling returns.

Call someone. Talking to another person provides an outlet for your feelings and allows you to hear your thinking process. Have phone numbers of supportive, available people with you always, so you can use them when you need them.

**ALLOWING THE THOUGHTS TO
DEVELOP INTO CRAVINGS IS
MAKING A CHOICE TO REMAIN
DEPENDENT ON SUBSTANCES.**

External Trigger Questionnaire



Place a checkmark next to activities, situations, or settings in which you frequently used substances; place a zero next to activities, situations, or settings in which you never have used substances.

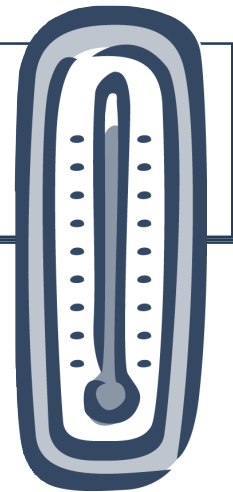
- | | | |
|---|--|--|
| <input type="checkbox"/> Home alone | <input type="checkbox"/> During a date | <input type="checkbox"/> Before going out to dinner |
| <input type="checkbox"/> Home with friends | <input type="checkbox"/> Before sexual activities | <input type="checkbox"/> Before breakfast |
| <input type="checkbox"/> Friend's home | <input type="checkbox"/> During sexual activities | <input type="checkbox"/> At lunch break |
| <input type="checkbox"/> Parties | <input type="checkbox"/> After sexual activities | <input type="checkbox"/> While at dinner |
| <input type="checkbox"/> Sporting events | <input type="checkbox"/> Before work | <input type="checkbox"/> After work |
| <input type="checkbox"/> Movies | <input type="checkbox"/> When carrying money | <input type="checkbox"/> After passing a particular street or exit |
| <input type="checkbox"/> Bars/clubs | <input type="checkbox"/> After going past dealer's residence | <input type="checkbox"/> School |
| <input type="checkbox"/> Beach | <input type="checkbox"/> Driving | <input type="checkbox"/> The park |
| <input type="checkbox"/> Concerts | <input type="checkbox"/> Liquor store | <input type="checkbox"/> In the neighborhood |
| <input type="checkbox"/> With friends who use drugs | <input type="checkbox"/> During work | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> When gaining weight | <input type="checkbox"/> Talking on the phone | <input type="checkbox"/> With family members |
| <input type="checkbox"/> Vacations/holidays | <input type="checkbox"/> Recovery groups | <input type="checkbox"/> When in pain |
| <input type="checkbox"/> When it's raining | <input type="checkbox"/> After payday | |
| <input type="checkbox"/> Before a date | | |

List any other activities, situations, or settings where you frequently have used.

List activities, situations, or settings in which you would not use.

List people you could be with and not use.

External Trigger Chart



Name: _____ Date: _____

Instructions: List people, places, objects, or situations below according to their degree of association with substance use.

0%
Chance of Using

100%
Chance of Using

Never Use

Almost Never Use

Almost Always Use

Always Use

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



These situations
are "safe."



These situations
are low risk, but
caution is needed.



These situations
are high risk.
Staying in these
situations is
extremely
dangerous.



Involvement in
these situations is
deciding to stay
addicted. Avoid
totally.



During recovery certain feelings or emotions often trigger the brain to think about using substances. Read the following list of feelings and emotions, and place a checkmark next to those that might trigger thoughts of using for you. Place a zero next to those that are not connected with using.

- | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Afraid | <input type="checkbox"/> Criticized | <input type="checkbox"/> Excited | <input type="checkbox"/> Aroused |
| <input type="checkbox"/> Frustrated | <input type="checkbox"/> Inadequate | <input type="checkbox"/> Jealous | <input type="checkbox"/> Revengeful |
| <input type="checkbox"/> Neglected | <input type="checkbox"/> Pressured | <input type="checkbox"/> Bored | <input type="checkbox"/> Worried |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Depressed | <input type="checkbox"/> Exhausted | <input type="checkbox"/> Grieving |
| <input type="checkbox"/> Guilty | <input type="checkbox"/> Insecure | <input type="checkbox"/> Lonely | <input type="checkbox"/> Resentful |
| <input type="checkbox"/> Nervous | <input type="checkbox"/> Relaxed | <input type="checkbox"/> Envious | <input type="checkbox"/> Overwhelmed |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Embarrassed | <input type="checkbox"/> Deprived | <input type="checkbox"/> Misunderstood |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Irritated | <input type="checkbox"/> Humiliated | <input type="checkbox"/> Paranoid |
| <input type="checkbox"/> Passionate | <input type="checkbox"/> Sad | <input type="checkbox"/> Anxious | <input type="checkbox"/> Hungry |

What emotional states that are not listed above have triggered you to use substances?

Was your use in the weeks before entering treatment

_____ Tied primarily to emotional conditions?

_____ Routine and automatic without much emotional triggering?

Were there times in the recent past when you were not using and a specific change in your mood clearly resulted in your wanting to use (for example, you got in a fight with someone and wanted to use in response to getting angry)? Yes _____ No _____ **If yes, describe:**

Internal Trigger Chart



Name: _____ Date: _____

Instructions: List emotional states below according to their degree of association with substance use.

0%
Chance of Using

100%
Chance of Using

Never Use

Almost Never Use

Almost Always Use

Always Use

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____









These emotions are
“safe.”

These emotions are
low risk, but caution
is needed.

These emotions are
high risk.

Persisting in
these emotions is
deciding to stay
addicted. Avoid
totally.



Meetings

What Is a 12-Step Program?

In the 1930s, Alcoholics Anonymous (AA) was founded by two men who could not cope with their own alcoholism through psychiatry or medicine. They found a number of specific principles helped people overcome their alcohol dependence. They formed AA to introduce people who were dependent on alcohol to these self-help principles. The AA concepts have been adapted to stimulant and other drug addictions (for example, Crystal Meth Anonymous, Narcotics Anonymous [NA], and Cocaine Anonymous) and to compulsive behaviors such as gambling and overeating.

People dependent on drugs or alcohol have found that others who also are dependent can provide enormous support and help to one another. For this reason, these groups are called fellowships, where participants show concern and support for one another through sharing and understanding.

Do I Need To Attend 12-Step Meetings?

If treatment in this program is going to work for you, it is essential to establish a network of support for your recovery. Attending treatment sessions without going to 12-Step meetings may produce a temporary effect. But without involvement in self-help programs, it is very unlikely that you will successfully recover. Clients in these programs should attend three 12-Step meetings per week during their treatment involvement. Many successfully abstinent people go to 90 meetings in 90 days. The more you participate in treatment and 12-Step meetings, the greater your chance for recovery.

Are All Meetings the Same?

No. There are different types of meetings:

- Speaker meetings feature a person in recovery telling his or her story of drug and alcohol use and recovery.

12-Step Introduction



- Topic meetings have a discussion on a specific topic such as fellowship, honesty, acceptance, or patience. Everyone is given a chance to talk, but no one is forced.
- Step/Tradition meetings are special meetings where the 12 Steps and 12 Traditions are discussed.
- Book study meetings focus on reading a chapter from the main text of the 12-Step group. (For AA, this is the Big Book; for NA, the Basic Text.) Book study meetings often focus on someone's experience or a recovery-related topic.
- Depending on where you live, there may be language-specific meetings, gender-specific meetings, open meetings, meetings based on participants' sexual orientation, and meetings for people who also have a mental disorder ("double trouble" Dual Recovery Anonymous meetings).

Are the 12-Step Programs Religious?

No. None of the 12-Step programs are religious, but spiritual growth is considered a part of recovery. Spiritual choices are very personal and individual. Each person decides for himself or herself what the term "higher power" means. Both nonreligious and religious people can find value and support in 12-Step programs.

How Do I Find a Meeting?

You can call directory assistance or check the phonebook for Alcoholics Anonymous, Cocaine Anonymous, or Narcotics Anonymous. Listings for Crystal Meth Anonymous meetings can be found at www.crystalmeth.org. You can call the numbers available from the Web site and speak to someone who can tell you when and where meetings are scheduled. At meetings, directories are available that list meetings by city, street address, and meeting time and include information about the meeting (for example,



speaker, step study, nonsmoking, men's, or women's). Another way to find a good meeting is to ask someone who goes to 12-Step meetings.

Sponsors

The first few weeks and months of recovery are frustrating. Many things happen that are confusing and frightening. During this difficult period, there are many times when people in recovery need to talk about problems and fears. A sponsor helps guide a newcomer through this process.

What Do Sponsors Do?

- Sponsors help the newcomer by answering questions and explaining the 12-Step recovery process.
- Sponsors agree to be available to listen to their sponsorees' difficulties and frustrations and to share their insights and solutions.
- Sponsors provide guidance and help address problems their sponsorees are having. This advice comes from their personal experiences with long-term abstinence.
- Sponsors are people with whom addiction-related secrets and guilt feelings can be shared easily. They agree to keep these secrets confidential and to protect the newcomer's anonymity.
- Sponsors warn their sponsorees when they get off the path of recovery. Sponsors often are the first people to know when their sponsorees experience a slip or relapse. So, sponsors often push their sponsorees to attend more meetings or get help for problems.
- Sponsors help their sponsorees work through the 12 Steps.



How Do I Pick a Sponsor?

The process of choosing a sponsor is easy. The newcomer simply asks someone to be his or her sponsor. But you need to think carefully about whom you will ask to sponsor you. Most people select a sponsor who seems to be living a healthy and responsible life, the kind of life a person in recovery would want to lead.

Some general guidelines for selecting a sponsor include the following:

- A sponsor should have several years of abstinence from all mood-altering drugs.
- A sponsor should have a healthful lifestyle and not be struggling with major problems or addiction.
- A sponsor should be an active and regular participant in 12-Step meetings. Also, a sponsor should be someone who actively “works” the 12 Steps.
- A sponsor should be someone to whom you can relate. You may not always agree with your sponsor, but you need to be able to respect your sponsor.
- A sponsor should be someone you would not become romantically interested in.

Alternatives to 12-Step Programs

There are alternatives to 12-Step groups, many of which are not based on the concept of a higher power. Although the philosophies of these groups differ, most offer a mutual-help approach that focuses on personal responsibility, personal empowerment, and strength through an abstinent social network. Here are a few notable alternatives to 12-Step groups:

12-Step Introduction



- Women for Sobriety (www.womenforsobriety.org) helps women overcome alcohol dependence through emotional and spiritual growth.
- Jewish Alcoholics, Chemically Dependent Persons and Significant Others (JACS) (www.jacsweb.org) helps people explore recovery in a nurturing Jewish environment.
- Self-Management and Recovery Training (SMART) (www.smartrecovery.org) is a cognitive–behavioral group approach that focuses on self-reliance, problemsolving, coping strategies, and a balanced lifestyle.
- Secular Organizations for Sobriety (www.secularhumanism.org) maintains that sobriety is a separate issue from religion or spirituality and credits the individual for achieving and maintaining sobriety.
- Community-based spiritual fellowships, which take place in churches, synagogues, mosques, temples, and other spiritually focused settings, often help people clarify their values and change their lives.

Questions To Consider

- Have you ever been to a 12-Step meeting? If so, what was your experience?
- Have you attended any other types of recovery meetings (such as those listed above)?
- Do you plan to attend any 12-Step meetings? Where? When?
- How might you make use of 12-Step meetings to stop using?
- Are there alternatives to 12-Step meetings that you might consider attending?

The Serenity Prayer and the 12 Steps of Alcoholics Anonymous

The Serenity Prayer

God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.

The 12 Steps of Alcoholics Anonymous*

- 1** We admitted that we were powerless over alcohol—that our lives had become unmanageable.
- 2** Came to believe that a Power greater than ourselves could restore us to sanity.
- 3** Made a decision to turn our will and our lives over to the care of God as we understood Him.
- 4** Made a searching and fearless moral inventory of ourselves.
- 5** Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
- 6** Were entirely ready to have God remove all these defects of character.
- 7** Humbly asked Him to remove our shortcomings.
- 8** Made a list of all persons we had harmed and became willing to make amends to them all.
- 9** Made direct amends to such people wherever possible, except when to do so would injure them or others.
- 10** Continued to take personal inventory, and when we were wrong, promptly admitted it.
- 11** Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
- 12** Having had a spiritual awakening as a result of the steps, we tried to carry this message to alcoholics and to practice these principles in all our affairs.

*The Twelve Steps are reprinted with permission of Alcoholics Anonymous World Services, Inc. (A.A.W.S.). Permission to reprint the Twelve Steps does not mean that A.A.W.S. has reviewed or approved the contents of this publication, or that A.A.W.S. necessarily agrees with the views expressed herein. A.A. is a program of recovery from alcoholism only—use of the Twelve Steps in connection with programs and activities which are patterned after A.A., but which address other problems, or in any other non-A.A. context, does not imply otherwise.

Recovery from a substance use disorder is not a mysterious process. After the use of substances is stopped, the brain goes through a biological readjustment. This readjustment process is essentially a “healing” of the chemical changes that were produced in the brain by substance use. It is important for people in the beginning stages of recovery to understand why they may experience some physical and emotional difficulties. The durations of the stages listed below are a rough guide of recovery, not a schedule. The length of stages will vary from person to person. The substance used will affect the client’s progress through the stages, too. Clients who had been using methamphetamine will tend to spend more time in each stage than clients who were using cocaine or other stimulants.

The Stages

Withdrawal Stage (1 to 2 weeks)

During the first days after substance use is stopped, some people experience difficult symptoms. The extent of the symptoms often is related to the amount, frequency, and type of their previous substance use.

For people who use stimulants, withdrawal can be accompanied by drug craving, depression, low energy, difficulty sleeping or excessive sleep, increased appetite, and difficulty concentrating. Although people who use stimulants do not experience the same degree of physical symptoms as do people who use alcohol, the psychological symptoms of craving and depression can be quite severe. Clients may have trouble coping with stress and may be irritable.



People who drank alcohol in large amounts may have the most severe symptoms. The symptoms can include nausea, low energy, anxiety, shakiness, depression, intense emotions, insomnia, irritability, difficulty concentrating, and memory problems. These symptoms typically last 3 to 5 days but can last up to several weeks. Some people must be hospitalized to detox safely.

For people who used opioids or prescription drugs, the 7- to 10-day withdrawal period (or longer for people who use benzodiazepines) can be physically uncomfortable and may require hospitalization and medication. It is essential to have a physician closely monitor withdrawal in people dependent on these substances. Along with the physical discomfort, many people experience nervousness, trouble sleeping, depression, and difficulty concentrating. Successfully completing withdrawal from these substances is a major achievement in early recovery.

Early Abstinence (4 weeks; follows Withdrawal)

For people who used stimulants, this 4-week period is called the Honeymoon. Most people feel quite good during this period and often feel “cured.” As a result, clients may want to drop out of treatment or stop attending 12-Step meetings during the Honeymoon period. Early abstinence should be used as an opportunity to establish a good foundation for recovery. If clients can direct the energy, enthusiasm, and optimism felt during this period into recovery activities, they can lay the foundation for future success.

For people who used alcohol, this 4-week period is marked by the brain’s recovery. Although the physical withdrawal symptoms have ended, clients still are getting used to the absence of substances. Thinking may be unclear, concentration may be poor, nervousness and anxiety may be troubling, sleep is often irregular, and, in many ways, life feels too intense.



For those who used opioids or prescription drugs, there is essentially a gradual normalization during this period. In many ways the process is similar to the alcohol recovery timetable. Slow, gradual improvement in symptoms is evidence that the recovery is progressing.

Protracted Abstinence (3.5 months; follows Early Abstinence)

From 6 weeks to 5 months after clients stop using, they may experience a variety of annoying and troublesome symptoms. These symptoms—difficulties with thoughts and feelings—are caused by the continuing healing process in the brain. This period is called the Wall. It is important for clients to be aware that some of the feelings during this period are the result of changes in brain chemistry. If clients remain abstinent, the feelings will pass. The most common symptoms are depression, irritability, difficulty concentrating, low energy, and a general lack of enthusiasm. Clients also may experience strong cravings during protracted abstinence. Relapse risk goes up during this period. Clients must stay focused on remaining abstinent one day at a time. Exercise helps tremendously during this period. For most clients, completing this phase in recovery is a major achievement.

Readjustment (2 months; follows Protracted Abstinence)

After 5 months, the brain has recovered substantially. Now, the client's main task is developing a life that has fulfilling activities that support continued recovery. Although a difficult part of recovery is over, hard work is needed to improve the quality of life. Because cravings occur less often and feel less intense 6 months into recovery, clients may be less aware of relapse risk and put themselves in high-risk situations and increase their relapse risk.

Five Common Challenges in Early Recovery



Everyone who attempts to stop using substances runs into situations that make it difficult to maintain abstinence. Listed below are five of the most common situations that are encountered during the first few weeks of treatment. Next to these problems are some suggested alternatives for handling these situations.

Challenges

New Approaches



Friends and associates

who use: You want to continue associations with old friends or friends who use.

- Try to make new friends at 12-Step or mutual-help meetings.
- Participate in new activities or hobbies that will increase your chances of meeting abstinent people.
- Plan activities with abstinent friends or family members.



Anger, irritability:

Small events can create feelings of anger that seem to preoccupy your thoughts and can lead to relapse.

- Remind yourself that recovery involves a healing of brain chemistry. Strong, unpredictable emotions are a natural part of recovery.
- Engage in exercise.
- Talk to a counselor or a supportive friend.



Substances in the home:

You have decided to stop using, but others in your house may still be using.

- Get rid of all drugs and alcohol.
- Ask others to refrain from using and drinking at home.
- If you continue to have a problem, think about moving out for a while.

Five Common Challenges in Early Recovery

Challenges



Boredom, loneliness:

Stopping substance use often means that activities you did for fun and the people with whom you did them must be avoided.



Special occasions:

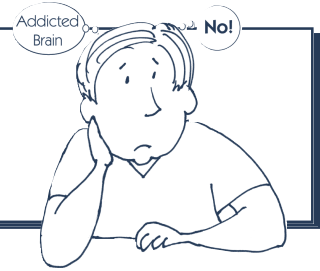
Parties, dinners, business meetings, and holidays without substance use can be difficult.

New Approaches

- Put new activities in your schedule.
 - Go back to activities you enjoyed before your addiction took over.
 - Develop new friends at 12-Step or mutual-help meetings.
-
- Have a plan for answering questions about not using substances.
 - Start your own abstinent celebrations and traditions.
 - Have your own transportation to and from events.
 - Leave if you get uncomfortable or start feeling deprived.

Are some of these issues likely to be problems for you in the next few weeks? Which ones?

How will you handle them?



Have you been able to stop using alcohol completely? At about 6 weeks into the recovery process, many people return to alcohol use. Has your addicted brain played with the idea? These are some of the most common arguments against stopping the use of alcohol and answers to the arguments.

I came here to stop using speed, not to stop drinking. Part of stopping methamphetamine use is stopping all substance use, including alcohol use.

I've had drinks and not used, so it doesn't make any difference. Drinking over time greatly increases the risk of relapse. A single drink does not necessarily cause relapse anymore than a single cigarette causes lung cancer. However, with continued drinking, the risks of relapse greatly increase.

Drinking actually helps. When I have a craving, a drink calms me down, and the craving goes away. Alcohol interferes with the brain's chemical healing process. Continued alcohol use eventually intensifies cravings, even if one drink seems to reduce cravings.

I'm not an alcoholic, so why do I need to stop drinking. If you're not an alcoholic, you should have no problem stopping alcohol use. If you can't stop, maybe alcohol is more of a problem than you realize.

I'm never going to use drugs again, but I'm not sure I'll never drink again. Make a 6-month commitment to total abstinence. Give yourself the chance to make a decision about alcohol with a drug-free brain. If you reject alcohol abstinence because "forever" scares you, then you're justifying drinking now and risking relapse to substance use.

Has your addicted brain presented you with other justifications? If so, what are they?

How are you planning to handle alcohol use in the future?

Habitual substance use changes the way people think, how they feel, and how they behave. How do these changes affect the recovery process?

Thoughts

Thoughts happen in the rational part of the brain. They are like pictures on the TV screen of the mind. Thoughts can be controlled. As you become aware of your thoughts, you can learn to change channels in your brain. Learning to turn off thoughts of substance use is a very important part of the recovery process. It is not easy to become aware of your thinking and to learn to control the process. With practice it gets easier.

Emotions

Emotions are feelings. Happiness, sadness, anger, and fear are some basic emotions. Feelings are the mind's response to things that happen to you. Feelings cannot be controlled; they are neither good nor bad. It is important to be aware of your feelings. Talking to family members, friends, or a counselor can help you recognize how you feel. People normally feel a range of emotions. Drugs can change your emotions by changing the way your brain works. During recovery, emotions are often still mixed up. Sometimes you feel irritated for no reason or great even though nothing wonderful has happened. You cannot control or choose your feelings, but you can control what you do about them.

Behavior

What you do is behavior. Work is behavior. Play is behavior. Going to treatment is behavior, and substance use is behavior. Behavior can result from an emotion, from a thought, or from a combination of both. Repeated use of a substance changes your thoughts and pushes your emotions toward substance use. This powerful, automatic process has to be brought back under control for recovery to occur. Structuring time, attending 12-Step or mutual-help meetings, and engaging in new activities are all ways of regaining control. The goal in recovery is to learn to combine your thinking and feeling self and behave in ways that are best for you and your life.

Addictive Behavior

People who abuse substances often feel that their lives are out of control. Maintaining control becomes harder and harder the longer they have been abusing substances. People do desperate things to continue to appear normal. These desperate behaviors are called addictive behaviors—behaviors related to substance use. Sometimes these addictive behaviors occur only when people are using or moving toward using. Recognize when you begin to engage in these behaviors. That's when you know to start fighting extra hard to move away from relapse.

Which of these behaviors do you think are related to your drug or alcohol use?

- | | |
|---|---|
| <input type="checkbox"/> Lying | <input type="checkbox"/> Behaving compulsively (for example, too much eating, working, sex) |
| <input type="checkbox"/> Stealing | |
| <input type="checkbox"/> Being irresponsible (for example, not meeting family or work commitments) | <input type="checkbox"/> Changing work habits (for example, working more, less, not at all, new job, change in hours) |
| <input type="checkbox"/> Being unreliable (for example, being late for appointments, breaking promises) | <input type="checkbox"/> Losing interest in things (for example, recreational activities, family life) |
| <input type="checkbox"/> Being careless about health and grooming (for example, wearing "using" clothes, avoiding exercise, eating poorly, having a messy appearance) | <input type="checkbox"/> Isolating (staying by yourself much of the time) |
| <input type="checkbox"/> Getting sloppy in housekeeping | <input type="checkbox"/> Missing or being late for treatment |
| <input type="checkbox"/> Behaving impulsively (without thinking) | <input type="checkbox"/> Using other drugs or alcohol |
| | <input type="checkbox"/> Stopping prescribed medication (for example, disulfiram, naltrexone) |

The program of Alcoholics Anonymous has developed some short sayings that help people in their day-to-day efforts at staying sober. These concepts are often useful tools in learning how to establish sobriety.

One day at a time. This is a key concept in staying abstinent. Don't obsess about staying abstinent forever. Just focus on today.

Turn it over. Sometimes people with addictions jeopardize their recovery by tackling problems that cannot be solved. Finding a way to let go of issues so that you can focus on staying abstinent is a very important skill.

Keep it simple. Learning to stay abstinent can get complicated and seem overwhelming if you let it. In fact, there are some simple concepts involved. Don't make this process difficult: keep it simple.

Take what you need and leave the rest. Not everyone benefits from every part of 12-Step meetings. It is not a perfect program. However, if you focus on the parts you find useful, rather than the ones that bother you, the program has something for you.

Bring your body, the mind will follow. The most important aspect of 12-Step programs is attending the meetings. It takes a while to feel completely comfortable. Try different meetings, try to meet people, and read the materials. Just go and keep going.

HALT

This acronym is familiar to people in the 12-Step programs. It is a shorthand way of reminding people in recovery that they are especially vulnerable to relapse when they are too hungry, angry, lonely, or tired.

Hungry: When people are using, they often ignore their nutritional needs. People in recovery need to relearn the importance of eating regularly. Being hungry can cause changes in body chemistry that make people less able to control themselves or avoid cravings. Often the person feels anxious and upset but doesn't associate the feelings with hunger. Eating regularly increases emotional stability.



Angry: This emotional state is probably the most common cause of relapse to drug use. Learning to cope with anger in a healthy way is difficult for many people. It is not healthy to act in anger without thinking about the consequences. Nor is it healthy to hold anger in and try to pretend it doesn't exist. Talking about anger-producing situations and how to handle them is an important part of recovery.

Lonely: Recovery is often a lonely process. People lose relationships because of their substance use. As part of staying abstinent, people in recovery may have to give up friends who still use. The feelings of loneliness are real and painful. They make people more vulnerable to relapse.

Tired: Sleep disorders are often a part of early recovery. People in recovery frequently have to give up chemical aids to sleep that they used in the past. Being tired is often a trigger for relapse. Feeling exhausted and low on energy leaves people vulnerable and unable to function in a healthy way.

How often do you find yourself in one or more of these emotional states?

What could you do differently to avoid being so vulnerable?
